

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	TD		4-7-00
O.I.P.E. CLASSIFIER			4-11-00
FORMALITY REVIEW	YC	700.2	6-15-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	03/12/00
2	01/22/00
3	01/22/00
4	01/22/00
5	01/22/00
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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